

2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/698,885

DATE: <u>1-15-01</u>	FROM: <u>BENNY Q. TIEU</u> (print name)
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input checked="" type="checkbox"/> (check box)	
C. See Abstract <input checked="" type="checkbox"/> (check box)	
D. See Claim(s): <input checked="" type="checkbox"/>	

FURTHER EXPLANATION IF NEEDED:

Voice over IP (VoIP)

DATE: _____	FROM: _____ (print name)
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): _____	

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): _____	

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): _____	

FURTHER EXPLANATION IF NEEDED: